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BRITISH SOCIETY OF GASTROENTEROLOGY



The Official e-Newsletter of the Association of GI Physiologists

<u>Welcome</u>

Welcome to the **January 2025** edition of NewWave! If you have any relevant articles or papers that you would like to be included in future editions, please email <u>gemma.norris@merseywestlancs.nhs.uk</u>

CONTENTS

Page 2	From the Editor
Page 3	AGIP Name Change
	AGIP News
<u>Page 4</u>	AGIP Bursaries
<u>Page 5</u>	STP Recruitment Deadlines and Congratulations to the Graduates!
<u>Page 6</u>	Upcoming Events 2025
Page 7	Healthcare Science Week 2025
<u>Page 8</u>	Meet the new AGIP Deputy Paediatric Representative (Lucy Griffin)
	Feature Articles
<u>Page 9</u>	Event Review: Meeting of the Federation of Neurogastroenterology and Motility Luisa Keen

AGIP Council 2025

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January 2025

From the Editor

Hello and Happy New Year! Welcome to the January issue of NewWave, and our first of 2025! As we step into the new year, there are some exciting developments to share. First up, a significant update for AGIP—our name is changing! Turn to Page 3 for further details on this transition.

On <u>Page 4</u>, you can find some information about the AGIP bursaries that are available this year! Please take a look if you are considering attending BSG Live 25 this year, or if you've been considering an international trip! These bursaries are a great opportunity to obtain good quality CPD and great professional experiences, so be quick and don't miss out!



For those hoping to secure an STP trainee this year, <u>Page 5</u> provides a reminder of some important dates within the recruitment process, with a little shout out to our amazing graduates from 2024 who have completed their training and are moving on to the next stage of their careers!

Looking ahead to this year's upcoming events, <u>Page 6</u> provides an overview of what's on the horizon in 2025, and there are some great training opportunities to be taken advantage of.

One key event that is just around the corner, is Healthcare Science Week, which will be taking place in March. <u>Page 7</u> provides some ideas on how you can get involved, and the importance of doing so.

The AGIP Council is thrilled to welcome our newest member, Lucy Griffin, who has recently taken on the role of deputy Paediatric Secretary within the committee. Lucy introduces herself on <u>Page 8</u> and we look forward to seeing her contributions within this role.

Rounding off this issue, we have an event review from Luisa Keen on <u>Page 9</u>. Luisa is an STP trainee based at Northern General Hospital in Sheffield, and was lucky enough to attend the FNM Conference in Bangkok! She shares her insights from the event providing a valuable perspective on discussions that took place.

As always, I would like to extend a huge thank you to everyone who has contributed to articles and shared updates for this edition of NewWave. If you would like to contribute to a future issue, please don't hesitate to get in touch (<u>gemma.norris@sthk.nhs.uk</u>).

Happy Reading!

Gemma Norrís

AGIP News

AGIP Name Change: The Association of GI Physiology Professions

The AGIP Council is excited to announce that it has officially changed its name to the **Association of GI Physiology Professions**. This change reflects our commitment to inclusivity and acknowledges the diverse range of clinical professionals involved in practising GI physiology.

As GI Physiology continues to evolve, it is essential that AGIP represents and supports all professionals who contribute to this discipline. From consultants, clinical scientists, physiologists and nurses, our profession is enriched by the expertise and collaboration of many clinical professionals. By updating our name, we aim to ensure that everyone practising in GI Physiology feels welcomed, valued, and encouraged to be part of our professional community.

This change marks an important step forward in recognising the multidisciplinary nature of GI physiology services, performed in a variety of healthcare settings. This new name better reflects the reality of modern practice and reinforces our commitment to representing all those dedicated to advancing patient care.

The name change is now also reflected within the AGIP <u>Linkedin page</u>, where you can keep up to date with news, events, and developments. If you haven't already, we invite you to connect!

The AGIP acronym remains the same, and so all contact information will also be unchanged. As a reminder, you can email any queries to <u>AGIP@bsg.org.uk</u> and we'll get back to you as quickly as possible.



AGIP BURSARIES

A new year is upon us, and with that, comes the opportunity to apply for bursaries through AGIP to support your continued professional development!

AGIP champions a high level of training and education within our discipline, and the committee are delighted to announce that accredited AGIP members (or STP/ASP trainee AGIP members) will be eligible to apply for the following bursaries to fund expenses related to conference attendance:

One International Bursary from the following options:

Graeme Duthie International Award (up to £1500) to attend <u>Digestive Diseases Week</u> (DDW) which will take place in San Diego, California on 3rd—6th May 2025.

European Bursary (up to £750) to attend <u>United European Gastroenterology (UEG)</u> <u>Week</u> which will take place on 4th—7th October 2025 in Berlin.

Applicants will be **required to have an abstract accepted and prepare a short report on the conference for publication in New Wave.** If more than one application is made, the bursary will be awarded by a random ballot.

Eight National Bursaries:

Margaret Marples Bursary (up to £500) to attend <u>BSG Live 2025</u> which will take place 23rd-26th June 2025 in Glasgow.

Applicants will be required to **prepare a report on one relevant presentation from the meeting for publication in New Wave.** Priority will be given to AGIP members who have an abstract accepted, with the remaining bursaries awarded by a random ballot.

The closing dates for bursary applications are as follows: Graeme Duthie International Award : 22nd February 2025 Margaret Marples Bursary : 14th April 2025 European Bursary : 26th July 2025

In order to apply for a bursary, please send the following information to Joanne Hayes (joanne.hayes@uhb.nhs.uk):

- Name
- Organisation
- The bursary you are applying for
- AGIP membership (Accredited AGIP Member / STP or ASP Trainee AGIP Member)
- Job Title
- Accepted Abstract Title (if applicable)

Payment of the bursary will be given via BACS payment, following:

- 1. The submission of appropriate receipts for the meeting expenses
- 2. The submission of the report/abstract for inclusion in NewWave

STP Recruitment: Key Deadline Dates

Recruitment for the 2025 Scientist Training Programme (STP) is now underway .The National School of Healthcare Science (NSHCS) oversees the recruitment process, with timelines set for both **direct entry** and **in-service** routes.

For **direct entry** applicants, the process begins on **Thursday, 23 January 2025**, when applications open. Employers should be ready for applications to close promptly at **4:00 PM on Thursday, 6 February 2025**.

Candidates will be required to complete a Situational Judgement Test (SJT) between **Monday, 24 February 2025**, and **Wednesday, 26 February 2025**. Further details, including longlisting, shortlisting, interview scheduling, and offer timelines, will be confirmed in due course, and information will be posted to the NSHCS website.

The **in-service route** has a different application window. Applications will open on **Wednesday, 5 March 2025**, and close at **4:00 PM on Thursday, 27 March 2025**. Employers participating in in-service recruitment must ensure they conduct a fair selection process and provide confirmation of an approved post.

Shortlisted applicants will select specific posts (location choices) that they wish to be considered for therefore each post will be detailed on the <u>NSHCS</u> website for applicants to understand the location and training on offer. This provides an opportunity for training centres to detail anything and everything that they wish applicants to know. If you have had funding approved for an STP trainee, you can access the <u>STP DE Post Information</u> Form to provide this information. Completion of this form is required no later than 20th February 2025.

Congratulations to STP/ASP Graduates 2024!

The AGIP Council would like to wish the warmest of congratulations to the newest graduates from the Scientist Training Programme and the Accredited Scientific Practice Programme, who successfully completed their training in the Autumn of 2024!

This is a significant achievement, reflecting your hard work, dedication, and ability to meet the high standards required of these programmes.

Throughout your training, you have balanced academic study with practical clinical experience, developing the skills and expertise needed to contribute effectively to patient care. The challenges you have overcome and the knowledge you have gained will serve as a strong foundation as you move into your professional roles.

Healthcare scientists play a crucial role in diagnosis, treatment, and service innovation and your contributions will help shape the future of GI Physiology, ensuring the continuation of high quality service delivery, optimising outcomes for patients.



	Upcoming Events 2025
February 2025	North West CSO Healthcare Science Business meeting Manchester 26/02/25 Register: <u>North West Healthcare Science Business meeting</u>
	Transforming Medicine through the Gut/Microbiota Interface Edinburgh 6 th – 7 th March 2025 <u>Gut/Microbiome Conference - BSG Microbial Therapeutics</u>
	Pelvic Floor and Proctology Course 3 rd -4 th March 2025 London <u>Pelvic Floor and Proctology Course 2025 ACPGBI</u>
March 2025	Oesophageal Physiology Virtual Symposium 2025 Online 10 th & 11 th March 2025 <u>UCLH Charity Courses Oesophageal Physiology Virtual Symposium</u> <u>2025</u>
	31 st UKCS Annual Scientific Meeting London UKCS <u>United Kingdom Continence Society - UKCS 2025</u> 16 th – 18 th March 2025
	North East Yorkshire Gastrointestinal Physiology Working Group Newcastle Upon Tyne 28/03/2025 Email registration: <u>nuth.NMPCEGIPHYS@nhs.net</u>
April 2025	UHNM Pelvic Floor imaging workshop 9 th -10 th April 2025 <u>The Pelvic Floor Society</u>
May 2025	Digestive Diseases Week 3 rd – 6 th May 2025 San Diego, California DDW 2025 - DDW
June 2025	Guy's and St Thomas' Pelvic Floor Disorders Course 2025 London 12 th -13 th June 2025 <u>Pelvic Floor Disorders 2025</u>
Julie 2023	BSG Live 2025 Glasgow 23 rd – 26 th June 2025 <u>Home - BSG LIVE 2025</u>
October 2024	UEG Week 2025 4 th – 7 th October 2025 Berlin <u>Week UEG - United European Gastroenterology</u>

Healthcare Science Week 10th-16th March 2025

Healthcare Science Week 2025 presents a unique opportunity to celebrate the essential role of clinical scientists in the NHS, and is great chance to raise awareness of GI Physiology services. This year, the event will run from 10th-16th March and provides a platform to shine a spotlight on healthcare science careers, showcase advancements in diagnostic and therapeutic techniques, and inspire the next generation of professionals. For those of us working in GI physiology, it is a chance to highlight our often smaller services, raising our profiles.

Healthcare Science Week offers a valuable opportunity to engage with colleagues, students, and the wider public to demonstrate the impact of GI Physiology. Across the UK, hospitals and specialist centres will be hosting outreach events, interactive workshops, and public engagement activities to illustrate the significance of healthcare science roles in patient pathways. It is also a time to reflect on workforce development and education. With increasing demand for GI physiology services, it is essential to attract and retain skilled professionals in this specialised discipline, and raising awareness of the opportunities that exist, will be extremely beneficial to this.

How can you get involved?

Consider holding career talks and networking sessions to highlight the diverse career pathways available in healthcare science, reach out to local schools to deliver presentations and reach students directly, or invite students into your departments to provide a first hand, practical experience of what we do! Healthcare Science Week is an excellent chance for NHS Trusts to connect with their local communities and other healthcare professionals, showcasing how science and technology are essential in modern medicine. It is an opportunity to inspire future healthcare scientists whilst promoting the excellent work of our services!

The National School of Healthcare Science wants to hear about different HCS professions, and will distribute this information through social platforms throughout healthcare science week! Specifically, trainees are being asked to put together professional profiles which can be emailed to <u>NHS England</u>.

You can join discussions and help us to celebrate by using #HCSWeek25 when sharing social content, and can share your stories by tagging @WeHCScientists on \underline{X} . In addition to this, you can download social media banners, Microsoft Teams backgrounds and email signatures which will be available from the NSHCS nearer to the time.

To take things a step further and become a STEM ambassador, click the link!

Let's take this opportunity to promote GI Physiology, share our successes, and inspire the next generation of healthcare scientists.

Introducing AGIP's Latest Committee Member: Lucy Griffin, Deputy Paediatric Representative

Deputy Paediatric Representative

Lucy Griffin, GI Physiologist, University Hospitals Bristol & Weston NHS Foundation Trust

Hi everyone, I am a GI Physiologist based at University Hospitals Bristol & Weston NHS Foundation Trust in both the Bristol Royal Infirmary and Bristol Royal Hospital for Children.

I trained in Bristol and have worked with adults since 2012. I transitioned to my paediatric role around three years ago, and during this time I have gained insight into the additional requirements for performing GI investigations in children and the variation in practice between centres. I value the importance of thorough



patient preparation to enable high-quality investigation outcomes alongside optimal patient experience. I am currently establishing a paediatric anorectal physiology service to reduce reliance on investigations requiring general anaesthesia and additionally to improve the pathway for management of paediatric anorectal disorders.

I am delighted to join the AGIP committee, and I look forward to amplifying the voice of paediatric GI physiology, advocating for the paediatric community. I support the introduction of standardised, paediatric-focused training and I am keen to encourage STP exposure to paediatric roles. I will aid collaboration between AGIP and BSPGHAN, and progress standardisation in paediatric GI physiology investigations.

Outside of work, I enjoy spending time visiting family in Snowdonia and escaping to the Mendip Hills for trail running. I also love baking and exploring outdoor activities with my children.

Event Review: Meeting of the Federation of Neurogastroenterology and Motility

by Luisa Keen, Trainee Clinical Scientist Northern General Hospital, Sheffield

The Federation of Neurogastroenterology and Motility (FNM) 2024 conference, hosted in vibrant Bangkok from November 5–8, was a pivotal gathering for experts in adult and paediatric gastrointestinal (GI) physiology. Bringing together world-class researchers and clinicians, this event buzzed with groundbreaking discoveries, fresh insights, and cross-disciplinary collaboration. Attending in person was nothing short of inspiring—it not only sharpened my perspective on current clinical practices but also allowed me to network with some of the brightest minds in neurogastroenterology and motility (NGM).

The conference offered a comprehensive programme designed to address the latest advancements, innovations and challenges in the field of NGM disorders featuring plenary sessions, symposia, and specialised talks spanning basic, translational, and clinical sciences. While the event covered over 30 topics and featured around 150 lectures, this review will focus on key takeaways from my favourite talks at the Clinical Science sessions—a set of talks offering practical insights for GI clinical scientists and healthcare professionals.

This session included lectures from multiple clinicians included doctors Gyawali, Yeong Yeh, Pandolfino, Szczesniak, Sanagapalli, Vaezi and Mittal. It was incredible to be in the same room as the key authors of multiple papers that we refer to on our clinical practice and in my case as a trainee, in many of my university assignments!

The first session by Dr Gyawali provided insights on the application of the Chicago protocol. He mainly delivered an overview of recommendations for why to do oesophageal manometry (OM). He emphasised the role of adjunctive testing for a good confidence on oesophagogastric junction outflow obstruction (OGJ-OO) diagnosis. He went over each adjunctive manoeuvre, the expected response and what ineffective findings mean clinically (for example, failed MRS can predict higher reflux burden and increased likelihood of post-fundoplication dysphagia).

One fascinating topic Dr. Gyawali introduced was the **straight leg raise (SLR) manoeuvre** (*figure* 1), which evaluates reflux potential. This adjunctive test during OM consists of the patient in supine position elevating one of their legs at a 45 degree angle for 5-10 seconds. If there is increased "pressure bleeding" into the intrathoracic cavity the oesophagogastric junction (OGJ) might not be robust, leading to reflux, thus being a predictor of abnormal total acid exposure time on pH testing. This manoeuvre can also aid the diagnosis of hiatal hernias. This manoeuvre might potentially be included in the next Chicago classification (CC) iteration.

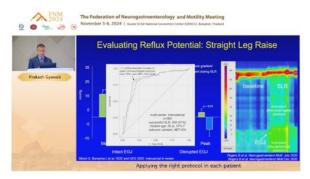


Figure 1. Straight leg raise: Slide obtained from Dr Gyawali's Chicago Classification lecture.

He also discussed the **Milan Score**, a predictive tool that quantifies reflux likelihood using parameters of oesophageal motility, SLR response, OGJ contractile integral, and OGJ morphology. This is a useful tool for aiding the clinical decision-making process regarding the need for further testing or therapeutic interventions.

Finally, he described in detail a "newer" condition called **retrograde cricopharyngeal dysfunction, or abelchia**. This consists of the inability to belch due to failure of the cricopharyngeal muscle to relax during periods of oesophageal distension. He proposed the **carbonated beverage challenge** to elicit oesophageal distension and confirm the diagnosis via manometric findings. He and colleagues on different talks emphasised the importance of spreading the word about this condition as it is not very common but on the rise.

As a summary guide, the manometric morphology of abelchia consists of repeated secondary peristatic contractions guided by an increased oesophageal impedance reading as an attempt to clear the gas in the oesophagus, without UES opening and symptom presentation¹. Clinically the patient would describe the inability to belch since a young age, stomach gurgling, abdominal discomfort feeling bloated and even vomiting just to find symptom relief¹. Expert speakers mentioned that we should ask questions prior to testing to investigate if these symptoms are present, as in some cases the referral might not mention these symptoms, as some referrers might be unaware of the condition. I invite you to have a further look into this condition as it is a quite interesting read, and it could be useful for improving patient's care.

The most popular session at the conference was led by Dr Pandolfino, where he filled the auditorium and covered the changes in the current CC iteration in comparison to previous versions, with some changes potentially coming up in the next one. He presented the use of combined **4D oesophageal manometry**, a novel tool that uses impedance and manometry readings to assess the OGJ opening via geometry pressure changes, which are akin to timed barium oesophagogram and Endo-FLIP. He described this as a potential tool to provide conclusive OGJ outflow obstruction diagnosis, without the need of adjunctive testing (*figure 2*). The new metrics with 4D manometry include volume retention, patterns of emptying, more accurate measure of IBP, length-tension curves and wall stiffness, OGJ-DI and OGJ cross-sectional area and oesophageal work and power.

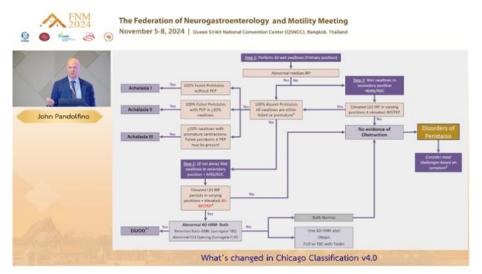


Figure 2. Application of 4D manometry on oesophagogastric junction outflow obstruction: slide obtained from Dr Pandolfino's Chicago Classification lecture.

Additionally, he described this tool useful for a definitive diagnosis for ineffective oesophageal motility (patients with defined oesophageal dysfunction leading to symptoms) versus effective oesophageal motility with functional dysphagia (symptoms present in absence of biomechanical abnormalities) – see *figure 3*. Additionally, he added a strong emphasis on the role of Endo-Flip at currently characterizing true OGJ-OO.

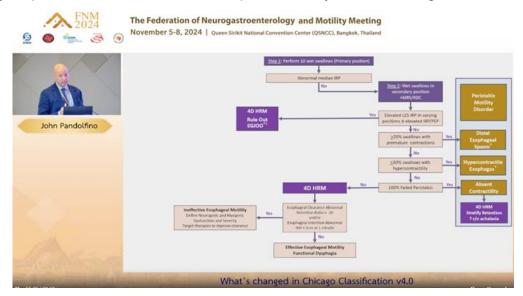


Figure 3. Application of 4D manometry on oesophageal motility patterns: slide obtained from Dr Pandolfino's Chicago Classification lecture.

Dr Vaezi later did a talk on GORD testing modalities, which including **mucosal integrity testing**, a novel endoscopic technique that can quantify mucosal changes based on the principle of disruption of the intracellular space of the oesophageal epithelium occurring as a byproduct of chronic inflammatory processes². Low mucosal integrity is associated with conditions such as eosinophilic oesophagitis (EoE) and gastro-oesophageal reflux disease (GORD). This is a quick effective tool to give a diagnostic probability and therapeutic response to EoE, GORD or other autoimmune diseases affecting the oesophagus. This is a very exciting tool in the work of GORD diagnostics which can potentially be available soon in the UK.

Finally, I had the chance to attend the first **Asian Pan-Pacific Society for Paediatric Gastroenterology, Hepatology and nutrition masterclass**. This session had an excellent panel of speakers including doctors Thapar, Nurko, Mutilab, Saps, Abdulkader, and Srivastava. In the audience there were experienced clinicians as well, making the interactions and debates quite interesting and thought-provoking. This masterclass gave the public a great overview on testing modalities and treatment options for multiple gastrointestinal conditions. The main take-home message that stood out for me was the prevalence of **rumination syndrome** – Dr Srivastava emphasised that a large proportion of refractory GORD patients presented rumination on manometry. It might be more common than we think, so is something to bear in mind, particularly if you're seeing paediatric patients with persistent reflux symptoms.

Additionally, on the main programme, there was a session where talks and discussions about multiple topics between adult and paediatric specialists were held. It was great to see the connection between disciplines, and mainly that there are big grounds in common, mainly about the things we don't know!

Attending the FNM 2024 conference was an enriching experience, bridging the gap between GI clinical scientists, physiologists and the broader medical community. With its in-depth exploration of cutting-edge diagnostic techniques, updated protocols, and future trends, this event proved invaluable for advancing clinical practice. For anyone invested in the evolving landscape of NGM disorders, this conference is a **must-attend**. The insights gained here are transformative, providing the tools to deliver better care and elevate the field of GI physiology

- Miller ME, Lina I, Akst LM. Retrograde Cricopharyngeal Dysfunction: A Review. J Clin Med. 2024 Jan 11;13(2):413. doi: 10.3390/jcm13020413. PMID: 38256547; PMCID: PMC10817096.
- Farré R, Blondeau K, Clement D, et al. Evaluation of oesophageal mucosa integrity by the intraluminal impedance technique. Gut 2011;60:885-892.

Are you attending a conference / event?

NewWave is always looking for reviews of GI Physiology events and meetings. If you have an event coming up and would like to submit a review (or advertise it in our next issue), please contact <u>Gemma Norris</u> (<u>gemma.norris@merseywestlancs.nhs.uk</u>)

The next issue of New Wave will be published in April 2025



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